

State Innovation Models

What Other States Are Doing and Learning



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ND HIMSS Chapter Summit

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Topics



- Health policy timeline
- Overview of Value-based Purchasing
- CMMI SIM
- Colorado SIM and other state examples
- Alignment with Federal Objectives
- HIT to support demonstration models
- Questions

History – Health and HIT Policies

Affordable Care Act 2010

Comprehensive health insurance reforms improving quality and lowering health care costs, protecting consumers, and improving access to care

MACRA HR2 2015

Changes Medicare PFS Payment to Merit-Based Incentive Payment System (MIPS)
Incentives for participation in Alternate Payment Model (APM)

- Encouraging use of CEHRT and qualified clinical data registries for reporting quality measures

ARRA HITECH 2009

The Health Information Technology for Economic and Clinical Health (HITECH) Act established Office of the National Coordinator for Health It into law and provides Health and Human Services with authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health IT

Medicaid Expansion 2012

Colorado expanded Medicaid coverage and established a State-based Marketplace, known as Connect for Health Colorado and established the Accountable Care Collaborative (ACC)

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Value-based purchasing - incentivize quality by aligning reimbursement with performance

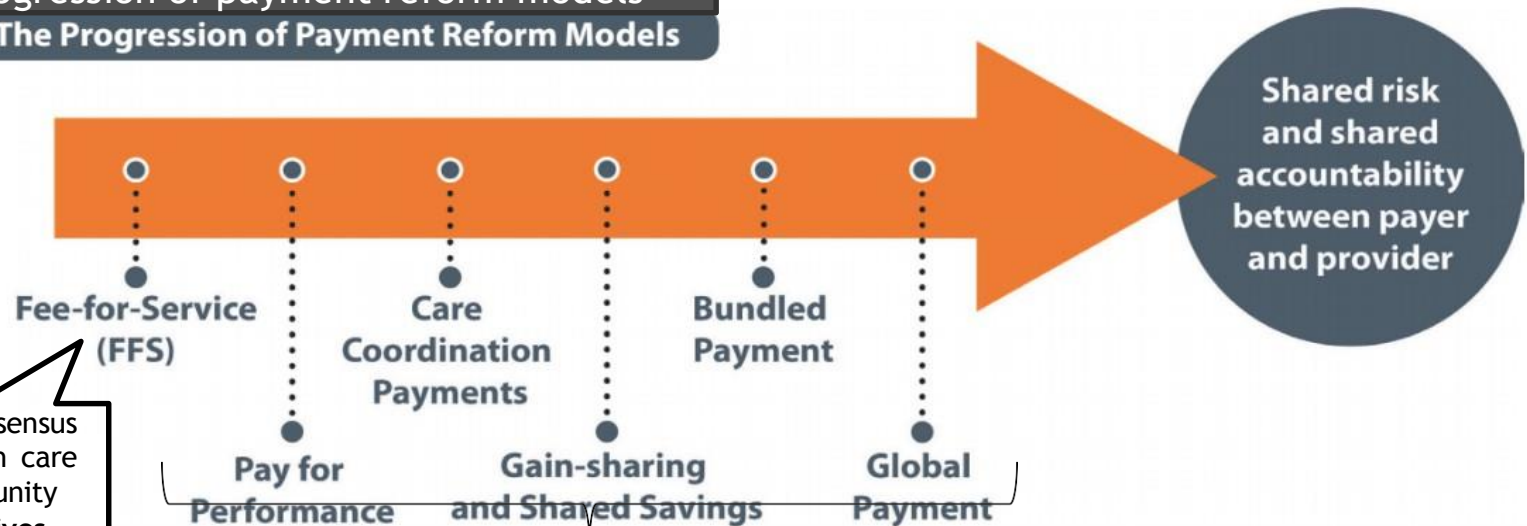
$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

“VBP refers to a broad set of performance-based payment strategies that link financial incentives to providers’ performance on a set of defined measures.”

RAND Corporation

The progression of payment reform models

Figure1: The Progression of Payment Reform Models



There is consensus in the health care policy community that FFS drives volume, not value

Alternative payment models;
variations of value-based purchasing

Source: “New Approaches to Paying for Health Care: Implications for Quality Improvement and Cost Containment in Colorado,” July 2012, CIVHC and CHI; “Measuring Success in Health Care Value-Based Purchasing Programs,” 2014, RAND Corporation

Delivery System Reform: Focus Areas



“Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system...”

Pay Providers

- Promote value-based payment systems
 - Test new alternative payment models
 - Increase linkage of Medicaid, Medicare FFS, and other payments to value
- Bring proven payment models to scale

Deliver Care

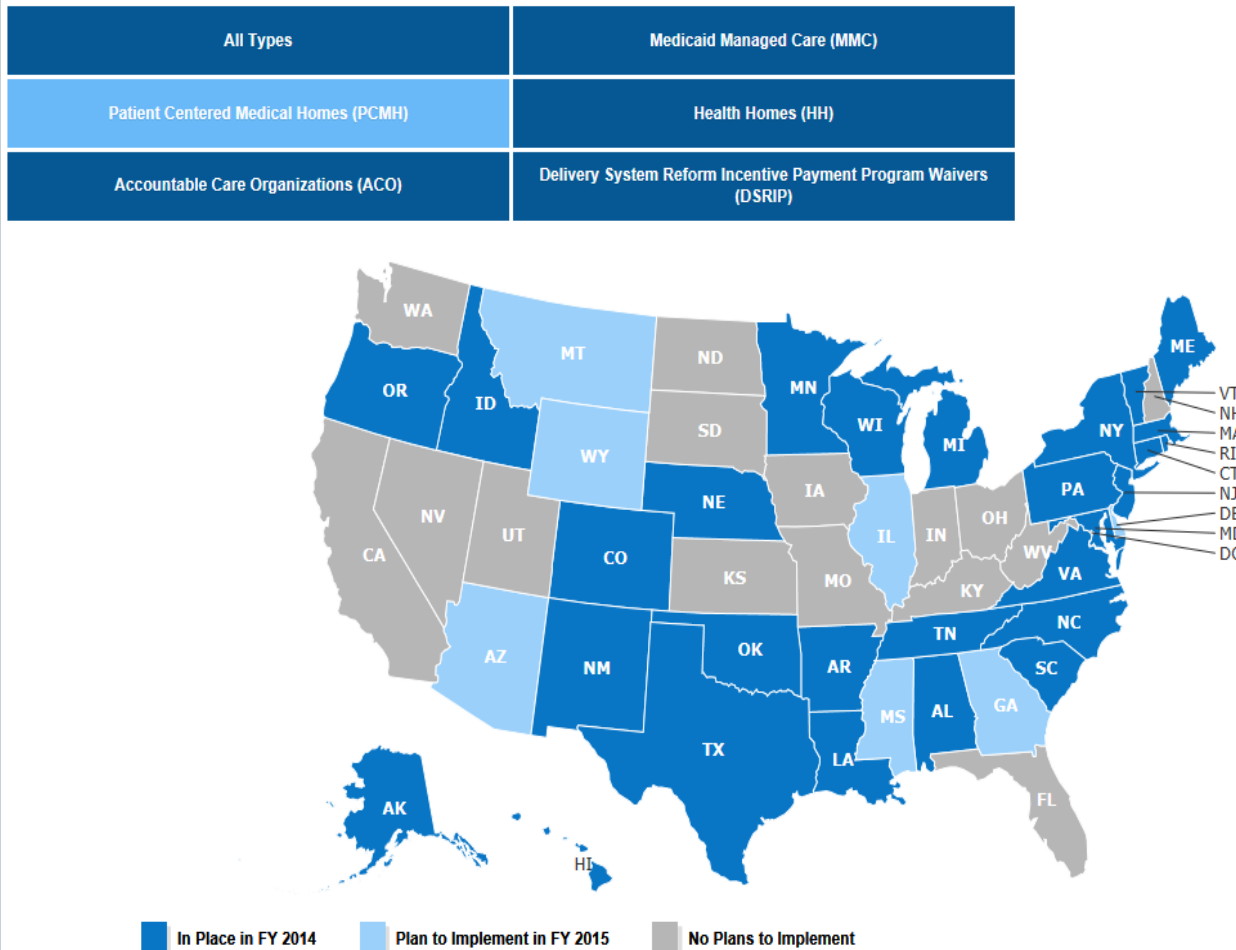
- Encourage the integration and coordination of clinical care services
- Improve population health
- Promote patient engagement through shared decision making

Distribute Information

- Create transparency on cost and quality information
- Bring electronic health information to the point of care for meaningful use

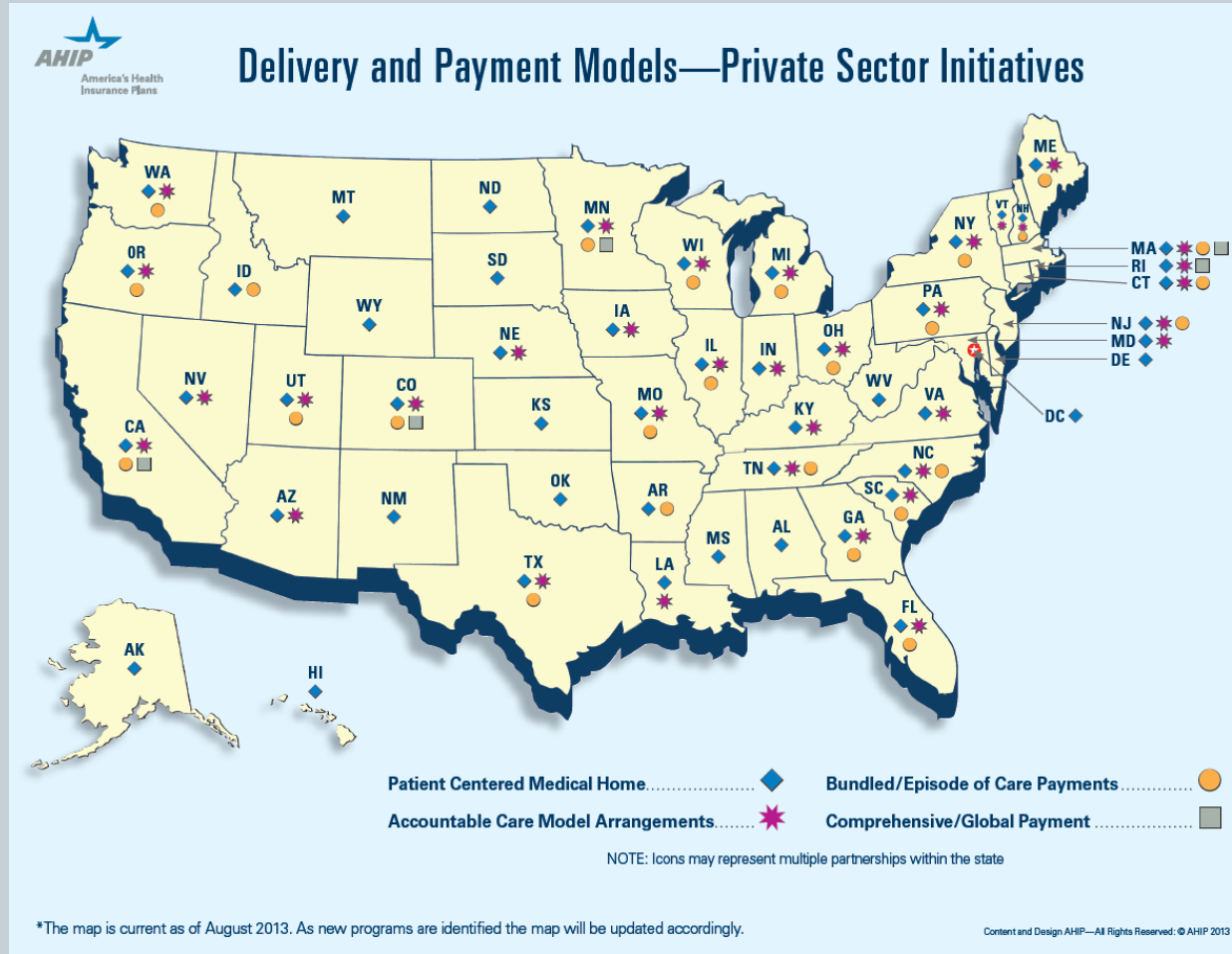
Medicaid Delivery System and Payment Reform

Alternative models require quality measurement



Private Sector Payment Reform Initiative

Private Payers Moving to Value Based Models



Federal Trajectory – Goal to achieve 90% VBP by 2018

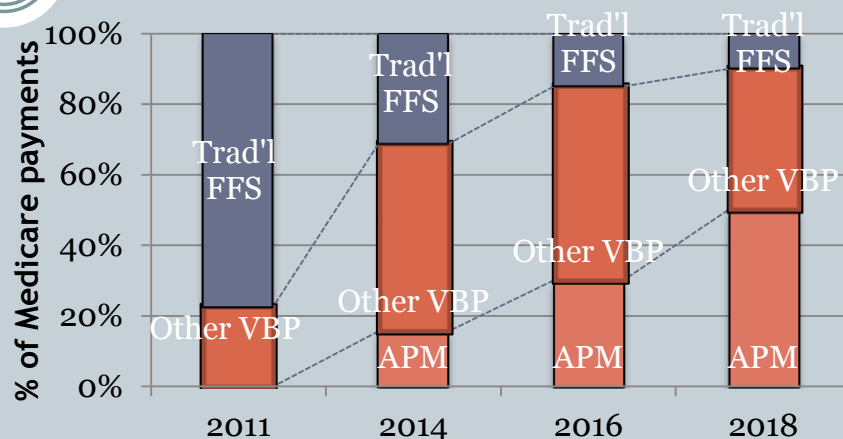
HHS' goals for Medicare payments

By 2016

- 30% through **alternative payment models** (e.g., ACOs, bundled payments)
- Total **85% VBP**

By 2018

- 50% through **alternative payment models** (e.g., ACOs, bundled payments)
- Total **90% VBP**



CMS Innovation Center - Demonstration models

Accountable care

Incentivize providers to provide **coordinated care** and held accountable to a patient **population**

Bundled payments

Model in which providers receive a **lump-sum payment for a specific episode** of care

Primary care

Transform'n of practices into **medical homes**: team approach, prevention, HIT, care coordinat'n, shared decision making

Medicaid/CHIP

Initiatives administered by individual states (e.g., Enhanced Prenatal Care Models)

Dual-eligibles

Initiatives to **practice person-centered care** for people enrolled in both Medicare and Medicaid

Best Practices

Partnerships to test new models of **disseminating evidence-based best practices** and increase the speed of adoption

Model acceleration

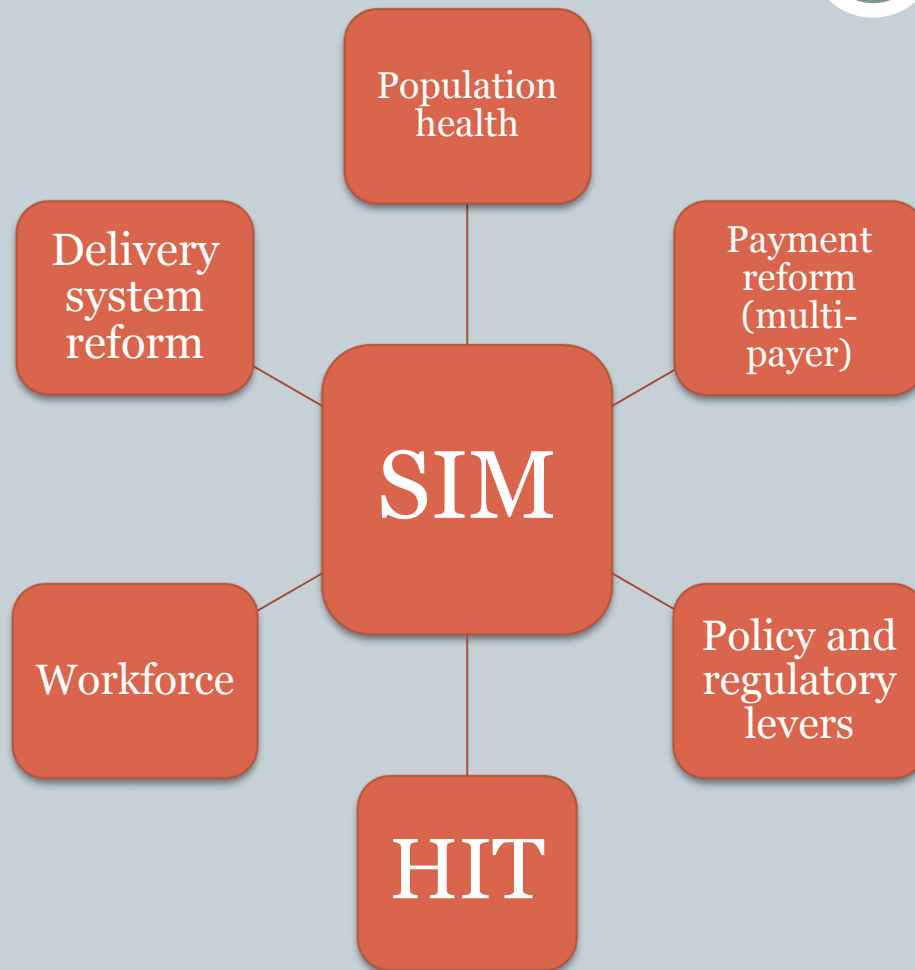
Local and state partnerships to **accelerate other innovative models** (e.g., State Innovation Model)

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CMMI State Innovation Models



The State Innovation Models (SIM) Initiative is providing financial and technical support to states for the development and testing of **state-led, multi-payer health care payment** and **service delivery models** that will improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries—and for all residents of participating states

All SIM States – Round 1 and 2



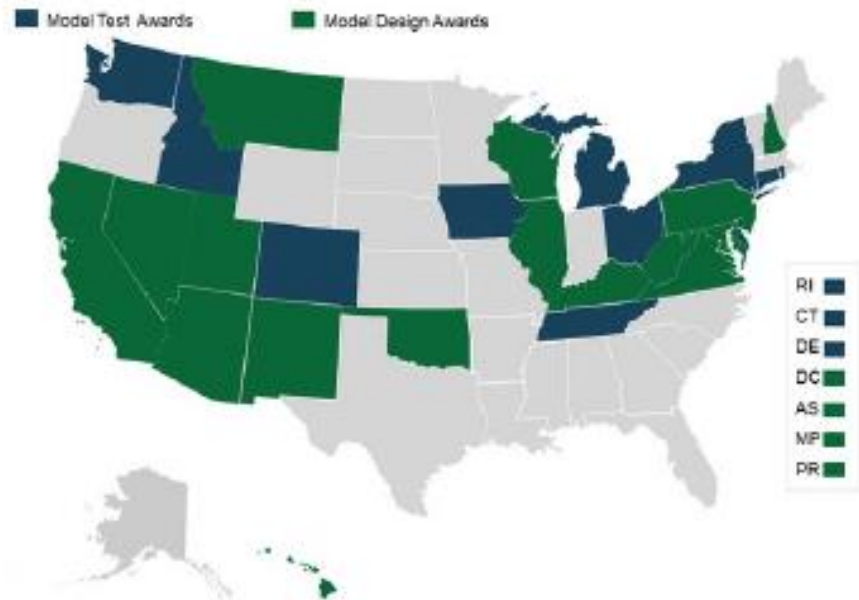
Round One Model Test Awardees



Source: Centers for Medicare & Medicaid Services

Round Two Awards

Select anywhere on the map below to view the interactive version



Source: Centers for Medicare & Medicaid Services

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The State of Health Framework



Promoting prevention & wellness

Helping individuals stay healthy or become healthier



Improving health system integration & quality

Eliminating barriers & working effectively within & across systems to ensure person-centered care



Expanding coverage, access & capacity

Ensuring individuals can access care at the right time & place



Enhancing value & strengthening sustainability

Redesigning financial incentives & infrastructure to focus on quality & value, not volume

STATE INNOVATION MODEL

Colorado– SIM



Summary

Colorado is integrating **physical and behavioral health care** in more than 400 primary care practices and community mental health centers comprised of approximately 1,600 primary care providers. In addition, the state will work to establish a partnership between their public health, behavioral health and primary care sectors.

Target areas

The state will improve the health of Coloradans by:

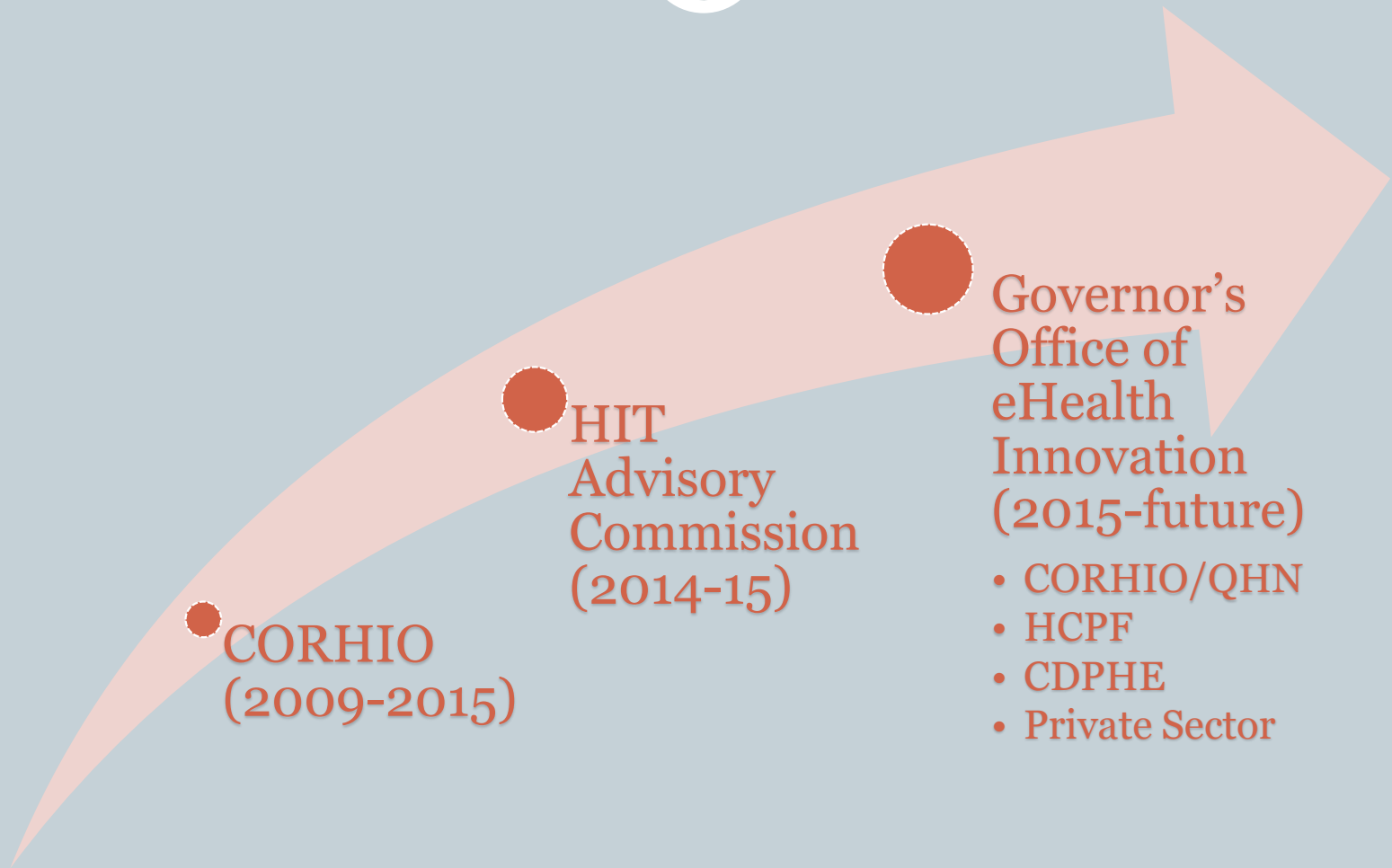
- 1) providing access to integrated primary care and behavioral health services in coordinated community systems;
- 2) applying value-based payment structures;
- 3) expanding information technology efforts, including telehealth; and
- 4) finalizing a statewide plan to improve population health.

CO SIM HIT Year 1 Focuses



- Broadening state-level HIT governance
- Planning short term solution
 1. Shared practice learning and improvement tool (SPLIT)
 2. CQM reporting for first practice cohort (numerator/denominator)
 3. Technical assistance to improve quality of data
- Planning for long-term solution
 1. Discreet data extraction and reporting of clinical quality measures
 2. Integrate clinical data with administrative cost data
 3. Create benchmark reports of clinical quality and cost measure information
 4. Reports to inform Policy, Public Health, Payers, and Practices
- Telehealth expansion strategy

State-Designated Entity for HIE



– CO SIM HIT Northstar–

- Increased comprehensive data set for multiple purposes (i.e., clinical decision making, quality improvement, care coordination, cohort management, and reporting)
- Multi-payer clinical quality and cost measurement and reports



Advanced quality improvement ecosystem to collect, share, and use data

Comprehensive data set
Increased data quality and availability for delivery and payment reform

– Advance Use of HIT Infrastructure–

- Improved data availability from EHRs for multiple uses (care coordination, eQCMs)
- Central reporting for multiple quality improvement programs
- Multi-payer clinical quality and cost measurement and reports

Automated Data Acquisition

- Near real-time data from clinic EHRs using existing standards (QRDA/CCDA) and interfaces

Reporting

- Integrated cost and clinical quality measure reports available

– SIM HIT investment–

- Central storage/analysis leveraging regional sources Electronic, automated acquisition of eCQM data to central repository for normalization, measurement, and analysis building on existing infrastructure
- Reporting for SIM objectives, public health, and practice improvement

Repository of eCQMs

- Measurement
- Analysis

Data Acquisition

- Capture eCQM data from clinic EHRs using existing interface

Reporting

- SIM objectives
- To public health
- Reports on eCQMs available to practice

Minimum data set based on eCQM value set

– SIM 400 –

- Technical Assistance services
- Improvement measurement
- eCQM Self-reporting

Practice Transformation Assistance

Data Quality/Advanced Technical Assistance

Self-reported clinical quality measures reporting (num/denom)

Shared Practice Improvement Tool

Colorado - Telehealth



Telehealth Policy

- **HB 15-1029** – Telehealth bill removing restrictions for providing telehealth visits and providing reimbursement parity for telehealth
- February 2015 – Telehealth Symposium with Colorado Professional Boards
- **February 2015** – Telehealth Symposium with Colorado Professional Boards
 - Federation of State Medical Boards recommendation on standard of care and telehealth best practices
 - Overview of telehealth activities in Colorado today
 - Discussion of policies and rules across health professional boards
- August 2015 – Colorado Medical Board updated policies supporting establishing provider and patient relationship via virtual visits.
- Other work :
 - Pharmacy board rules
 - Interstate licensure compact

SIM - Telehealth

- Expand access to broadband
- Telehealth expansion strategy
- Implementation plan for telehealth clinical and business assistance at the practice and community level

Other State SIM HIT initiatives



- **DE** - cross-payer scorecard of core measures available to providers with related tools for patient engagement and price and quality transparency
- **NY** - provide state-funded health information technology, including greatly enhanced capacities to exchange clinical data and an all-payer database
- **RI** - augment its HIT infrastructure to include an all-payer claims database, statewide health care quality measurement, patient engagement tools, and state data management and analytics
- **IA** – ADT alerts from hospitals, scorecard of aligned measures, consistent and usable data to transform their practice from volume-based reimbursement to value-based reimbursement
- **Other focuses** – eCQMs, APCD, data exchange, alerts/notifications for care coordination, BH data integration, telehealth

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Aligning Efforts



- CMMI SIM Round 2 Test Cooperative Agreement
- Payment and Delivery Reform Efforts
- ONC Advanced Interoperability Grant
 - Ambulatory providers' encounter summaries (CCDs)
 - Behavioral Health providers consent demonstration projects and encounter summaries
 - LTPAC/SNF/Home Health MDS/OASIS to CCD
- CMS – Transforming Clinical Practices Initiative
- BJA – Justice and Health Information Sharing Strategy
- SAMHSA – Certified BH Facility Planning Grant
- 90-10 HITECH/HIE efforts

90-10 HIE Funding

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90/10 funding is available for HIE activities provided that:

- Funds are used for time-limited Design Development and Implementation Activities
- States leverage efficiencies with other Federal HIE funding
- HIE costs are divided equitably across other payers based on the “fair share” principle and are appropriately allocated.

Resources for implementation:

- SMD* Letter-Use of Administrative Funds to Support HIE
- Frequently Asked Questions (FAQs)
- SMD Letter-Federal Funding for Medicaid HIT** Activities

Requesting Federal Matching Funds Advanced Planning Documents



Supporting Clients and Providers

Health Information Technology for Economic and Clinical Health (HITECH)

- Design, development, and implementation of core Health Information Exchange Infrastructure to advance Meaningful Use and directly impact Medicaid providers and clients
- Support for onboarding or connecting to a HIE enabling a provider to successfully exchange data and use HIE services

Efficient Billing and Better Data

Medicaid Management Information Systems (MMIS)

- Design, development, installation (DDI), and enhancement of the MMIS
- Resources for systems requirements analysis, design definition, programming, unit and integration testing, conversion, hardware/software necessary for DDI, and supplies

Improving Access and Coverage

Eligibility and Enrollment (E&E)

- Design, development, and implementation of eligibility and enrollment systems modernization – at the Federal Medicaid matching rate of 90 percent for new systems builds to develop more efficient, effective and modernized Medicaid eligibility and enrollment systems *

Providing On-going Maintenance

Maintenance and Operations (M&O)

- * 10/2014 – CMS proposed to permanently extend the availability of 90% federal matching funds for Medicaid eligibility and enrollment systems

Onboarding Examples

Onboarding Activities

- Providers:
 - Eligible Hospitals
 - Eligible professionals (type)
- By Functions

Public Health Activities:

- Immunization, Cancer, Bio-surveillance Registry,
- Lab Reporting

Planning Activities:

- Preplanning Analysis
- Planning
- Post Implementation Evaluation

HIE Infrastructure & Services

- Service Access Layer
- Trust Broker
- Master Facility Index
- Master Clinical Index
- Patient Matching
- Single Sign On
- Security Services
- Data Loading
- Direct Messaging
- eCQMs
- Event Notification
- Query based Exchanges
- Image Exchange
- Interfaces to PH

33 States with HIE Implementation Advanced Planning Documents (IAPDs) - Approved or in the First Time Review Process

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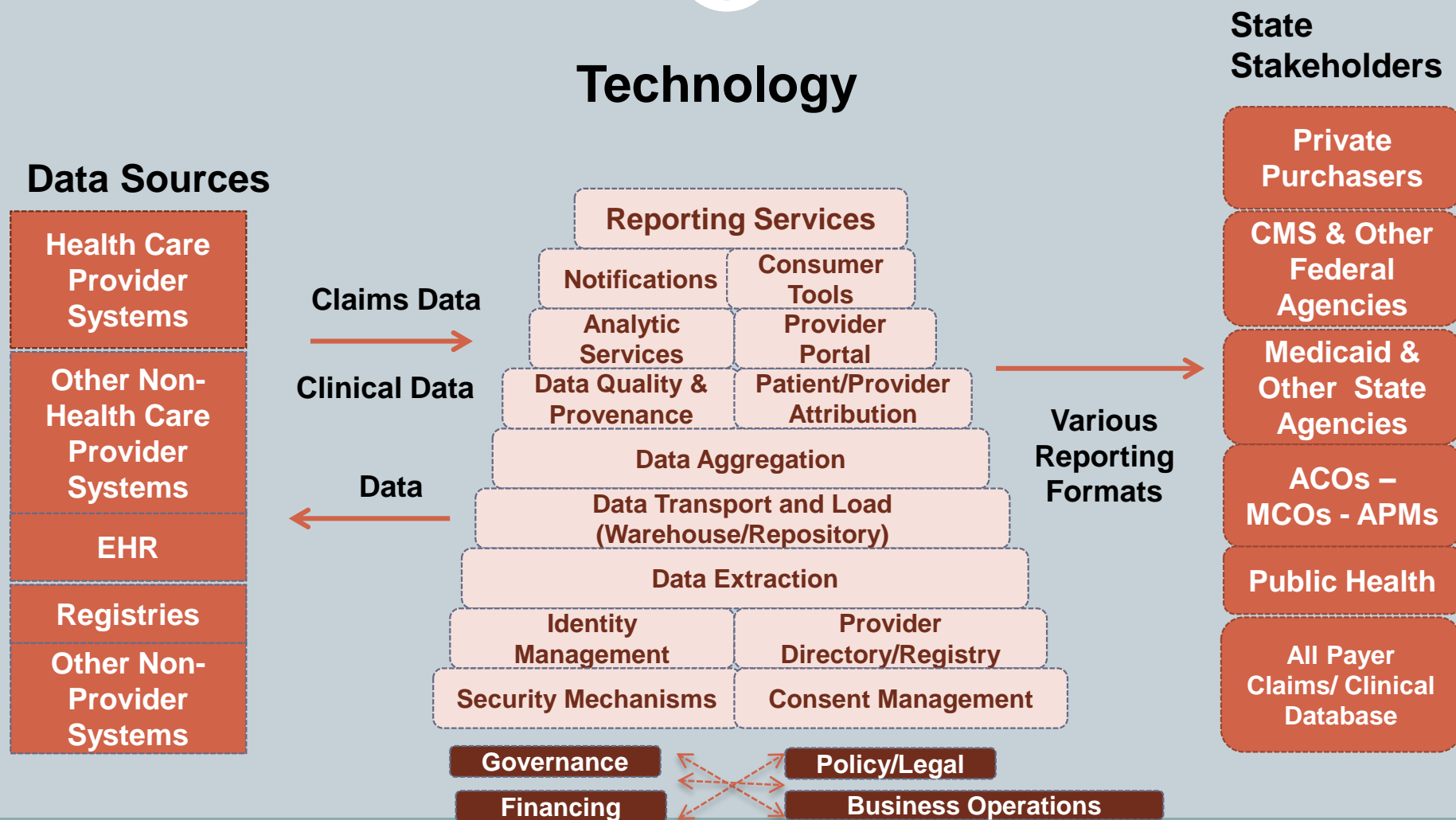


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Health IT Stack for Value-based Payment Models





Questions?

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Priority Collaborative Budget Requests Advancing Colorado's HIT Ecosystem

